

This benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits, and limitations, including any related exclusions not contained in this benefit summary, please contact the health care service plan or health insurer and consult the individual plan's evidence of coverage. The comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefits summary is also available on blueshieldca.com. However, the plan may simply provide a link to this website and the DMHC's version of this matrix. You may contact the Department of Managed Health Care at (888) HMO-2219 for further assistance regarding the matrix.

Plan Name BLUE SHIELD OF CALIFORNIA PPO	Plan Contact Phone Number IFP Customer Service 1-800 431-2809
Coverage summary Eligibility requirements.	<p>You are eligible to enroll in the Post-MRMIP Graduate Product if you meet any of the following criteria:</p> <ul style="list-style-type: none"> - Apply for coverage within 63 days of the termination date of previous coverage under the MRMIP and have had continuous coverage under the MRMIP for a period of 36 consecutive months, or - Have been enrolled in a post-MRMIP standard benefit plan and move to an area within the state that is not in the service area of the plan or insurer you previously selected and you apply for coverage within 63 days of termination of previous coverage, or - Have been enrolled in a post-MRMIP standard benefit plan that is no longer available where you reside and apply for coverage within 63 days of the termination date of the previous coverage - Plans may decline coverage if you are eligible for parts A and B of Medicare at the time of application and are not enrolled in Medicare solely due to end stage renal disease. <p>Dependent Coverage-The following dependents may also be enrolled: Subscriber's spouse, Subscriber or spouse's unmarried children; dependent children over age 23 incapable of self-sustaining employment due to certain disabilities. (Consult the Plan's Evidence of Coverage for further information as availability of dependent coverage varies).</p>
The full premium cost of each benefit package in the service area in which the individual and eligible dependents work or reside.	Premiums charged by plans vary by region and age of subscribers. See Post-MRMIP Graduate Product Rate Chart on this website.
When and under what circumstances benefits cease.	<p>Coverage may be terminated by the Plan under the following circumstances:</p> <ul style="list-style-type: none"> - Loss of eligibility by Subscriber or enrolled dependents, including (1) Subscriber or dependent(s) move out of the Plan's service area (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) or out of California or (2) Enrolled dependents no longer meet eligibility requirements. - Termination of Plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) - Non-payment of subscription charges - Fraud or material misrepresentation <p>(This list represents a general summary. Please consult the Plan's Evidence of Coverage for specific details regarding causes for termination by the Plan).</p>

Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401) Blue Shield PPO

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The terms under which coverage may be renewed.	<p>Coverage under the Plan shall continue, except under the following circumstances:</p> <ul style="list-style-type: none"> - Loss of eligibility by Subscriber or by enrolled Dependents - Non-payment of subscription charges - Fraud or material misrepresentation - Termination of plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan's Evidence of Coverage for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) - Subscriber moves out of the service area
Other coverage that may be available if benefits under the described benefit package cease.	No other coverage is available.
The circumstances under which choice in the selection of physicians and providers is permitted.	Members can choose a provider from Blue Shield of California's Preferred Provider network or Non-Preferred Provider network. Copayments are higher for services received from Non-Preferred Providers and Facilities.

Coverage Summary

Lifetime and annual maximums.	\$ 200,000 annual maximum/ \$ 750,000 lifetime maximum.
Deductibles.	None

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Benefit Summary		Co-payments	Limitation
(*1)			Copayment maximum \$2,500/ covered person and \$4,000/family
Professional Services	Physician office and specialist visits Laboratory, X-ray, and Major diagnostic	\$25- Preferred Providers 50% - Non-Preferred Providers 20%- Preferred Providers 50%- Non-Preferred Providers	
Outpatient Services	Outpatient services, including, but not limited to, surgery and treatment and diagnostic procedures.	20% - Preferred Providers 50% - Non-Preferred Providers	Medically necessary
Hospitalization Services	Inpatient and outpatient services, including, but not limited to, room and board and supplies.	20% - Preferred Providers 50% - Non-Preferred Providers	Medically necessary
Emergency Health Coverage	Emergency room services at contracted and non-contracted facilities for medically necessary emergencies.	20% - Preferred and Non-Preferred Providers	Emergency Room

Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401) Blue Shield PPO

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Benefit Summary Cont.		Co-payments	Limitation
Ambulance Services.	Emergency ambulance transport.	20% - Preferred and Non-Preferred Providers	
Prescription Drug Benefits.	Medically necessary drugs prescribed by a physician.	20% of the lesser of the cost of, or the charge made, by the majority of pharmacists in the area where the items are obtained.	
Durable Medical Equipment.	Home medical equipment, including, but not limited to, oxygen, parenteral and enteral nutrition, colostomy supplies, corrective prosthetics and aids, and diabetic supplies. This benefit includes braces, wheel chairs and hospital beds.	20% - Preferred Providers 50% - Non-Preferred Providers	
Mental Health Services.	Inpatient and outpatient mental health services, including, but not limited to, mental health parity services (**2) for serious mental disorders and severe emotional disturbances for children.	20% - Preferred Providers 50% - Non-Preferred Providers	Inpatient-10 days each calendar year except for severe mental illness and serious emotional disturbances in children which are not limited.
		50% Preferred Providers	Outpatient-15 days each calendar year. No coverage is provided for Non-Preferred Providers. Severe mental illness and serious emotional disturbances in children are covered as described above for inpatient services and are not limited.
Residential Treatment.	Transitional residential recovery services.	Not Covered	
Chemical Dependence Services.	Substance abuse treatment or rehabilitation.	20% - Preferred Providers 50% - Non-Preferred Providers	
	Medically necessary inpatient substance abuse medical detoxification is covered.		
	Substance abuse treatment or rehabilitation on an Inpatient, Partial Hospitalization or Outpatient basis.	Not Covered	

Post-MRMIP Graduate Product Comparative Benefit Matrix (AB 1401) Blue Shield PPO

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Benefit Summary Cont.		Co-payments	Limitation
Home Health Services	Home health and hospice care services (***)	20%-Preferred Providers 20% Non-Preferred Provider	Non-Preferred Providers are only covered when prior authorized.
Custodial care and skilled nursing facilities.	Skilled nursing care and skilled nursing facilities services.	20%- Preferred and Non-Preferred Providers Custodial care is not covered	Semi- private accommodations(in lieu of hospital) When services are provided at a free-standing nursing home rather than a hospital, copayment is based upon the lesser of billed charges or usual, customary or reasonable rates, and the member is also responsible for any excess amount.

(*) Percentage co-payments represent a percentage of actual cost. In a PPO, percentage co-payments for services provided by non-participating providers are a percentage of usual, customary or reasonable rates or billed charges, whichever is less, and enrollees are also responsible for any excess amount.

(**) Health Plans in California are required by law to provide certain mental health services according to the same terms and conditions as other similar medical benefits. Please contact the individual plan for further information regarding the conditions subject to mental health parity.

(***) Hospice benefits are available through the plan. Please consult the plan's Evidence of Coverage.